

Entered - 10-24-00 - sb
CL - 00L0651 ALEXIS HOLMES

01-R -0125

CLAIM OF: **JOYCE HARGROVE**
1313 Jarrett Drive
Springfield, Tennessee 37172

For damages alleged to have been sustained as a result of a vehicular accident on September 5, 2000 at Campbellton Road and Greenbriar Parkway.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Joyce Hargrove** the sum of **\$827.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on September 5, 2000 at Campbellton Road and Greenbriar Parkway as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL Robert M. Goetz DCA
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0651

Date: 1/12/01

Claimant /Victim JOYCE HARGROVE

BY: (Atty) _____

Address: 1313 Jarrett Drive, Springfield, Tennessee 37172

Subrogation: _____ Claim for Property damage \$ 827.31 Bodily Injury \$ _____

Date of Notice: 10/11/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/5/00 Place: Campbellton Road and Greenbriar Parkway

Department Police Division: _____

Employee involved Officer Michael Harris Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle rearended the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 827.31 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

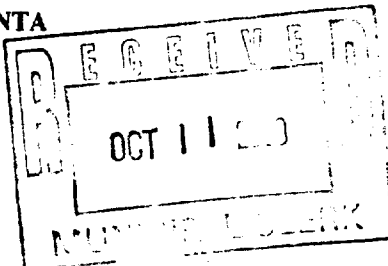
Claims Manager:  Concur/date 01-18-01

Committee Action: _____ Council Action _____

Mail to:

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES

Today's Date:

Oct 8, 2000

11-10-00POC:02

ENTERED - 10-24-00 - SB
00L0651 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 827.31 and/or \$ 0 bodily injury for which I contend the City is liable.

property

1. Date of incident: 9/5/00 (month/day/ year) 2. Time of Incident: 12:15:30 3. Police called: X Yes No

4. Location of incident (including street address): Campbellton Rd and Greenbriar Pkwy

5. Name of your insurance company: Nationwide Policy No: 6341644323

6. State what and how incident occurred: While sitting at traffic light, I was rear-ended by another driver. (Officer M. Harris - Zone 4)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Mitsubishi Galant (Make) 1995 (Year) FNH-099 (Tag Number) Joyce A. Hargrove (Driver's Name)

City vehicle: Officer M. Harris - Zone 4 (Make) Case 4 (City Driver's Name) 002491265 (Department/Bureau)

9. Witness: Case 4 (Name) 002491265 (Address) 002491265 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Joyce A. Hargrove
Signature of Claimant

Joyce A. Hargrove
(Print Claimant's Name)

1313 Jarrett Drive
(Address)

Springfield Tenn 37172
(City, State and Zip Code)

01-R-0125

1-931-221-7730 1-615-384 8363
(Work Number) (Home Number)
Secretary - Joan